

# Newborn Hearing Screening

This survey is sent to all parents with young children diagnosed with hearing loss.  
Please respond to the questions that you can answer.

- 1) Your relationship to baby: \_\_\_\_\_  
(Example: mother, father, grandmother, grandfather, foster parent, etc.)
  
- 2) When did you first learn that your baby's hearing would be screened or needed to be screened?  
 Before hospital admission  
 While in the hospital  
 After hospital discharge  
 Not sure  
 Other: \_\_\_\_\_
  
- 3) How did you feel when you first learned that your baby would have his or her hearing screened?  
 Not at all anxious or worried  
 Somewhat anxious or worried  
 Anxious or worried  
 Very anxious or worried

- 4) How were you **first** told about the **results** of your baby's hearing screening? (Please check one)
- The **staff** at the hospital or office where my baby's hearing was screened told me **before** I went home.
  - The **doctor** told me **before** I went home from the hospital or office where my baby's screening was done.
  - I received a card or note **before** I went home.
  - The **staff** at the hospital or office where my baby's hearing was screened told me **after** I went home.
  - The **doctor** told me **after** I went home from the hospital or office where my baby's screening was done.
  - I got a letter with the results mailed to my home.
  - I was never told the results.
  - Other: \_\_\_\_\_



**GO to 8**

- 5) What were the results of your baby's hearing screening?
- Passed
  - Referred for more testing
  - Not sure
- 6) Please mark the sentence below that best describes how you understood the results of the hearing screening your baby had.
- My baby did not have a hearing loss.
  - It was possible, but rather unlikely, that my baby had a hearing loss.
  - It was possible that my baby had a hearing loss.
  - It was very likely that my baby had a hearing loss.
  - It was certain that my baby had a hearing loss.
  - I did not understand the results.
- 7) When you learned the **results** of your baby's hearing screening, how did you feel?
- Not at all anxious or worried
  - Somewhat anxious or worried
  - Anxious or worried
  - Very anxious or worried

8) Thinking back on your baby's hearing screening, please circle the number that shows how you felt for each statement.

**The people doing the screening were experienced with the equipment...**

Definitely yes ←————→ Definitely no Not sure  
1 2 3 4 5

**The people doing the screening seemed to have lots of experience working with infants...**

Definitely yes ←————→ Definitely no Not sure  
1 2 3 4 5

**The test and explanations were done...**

Professionally ←————→ Unprofessionally Not sure  
1 2 3 4 5

**Explanations and answers to your questions were...**

Clear ←————→ Confusing Not sure  
1 2 3 4 5

**What you were told to do next was...**

Clear ←————→ Confusing Not sure  
1 2 3 4 5

**The time from start to finish was...**

About right ←————→ Too long Not sure  
1 2 3 4 5

**Your opinions and suggestions were...**

Listened to ←————→ Not listened to Not sure  
1 2 3 4 5

9) Overall, how satisfied were you with the **people** who provided hearing screening services to your baby?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Not very satisfied
- Not at all satisfied

10) Overall, how satisfied were you with the hearing screening **services** provided to your baby and family?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Not very satisfied
- Not at all satisfied

11) After your baby's hearing screening what happened next?

- We returned to the hospital for another screen.
- We were referred to the hospital audiology department for re-testing.
- We were referred to an audiologist outside of the hospital for re-testing.
- My baby's doctor re-tested my baby's hearing in his or her office.

12) How did you feel when you first learned that your baby needed his or her hearing **re-tested**?

- Not at all anxious or worried
- Somewhat anxious or worried
- Anxious or worried
- Very anxious or worried

13) Did you have any problems making and/or getting the **outpatient hearing re-testing** appointment(s)?

- Yes  **GO to 13a**
- No  **GO to 13b**

13a) What problems did you have with the outpatient re-testing appointment? (Please check all that apply)

**Difficulty making the appointment**

- The hospital made the appointment for me but it was not convenient.
- I did not know where to call to make the appointment.
- There were no appointments available for a time that I could be there.
- Making phone calls for the appointment was difficult.

**Difficulty with transportation**

- It took too long to travel to the appointment.
- It was difficult to get transportation to go to the appointment.

**Other responsibilities**

- My baby was frequently sick.
- It was difficult to take time off work.
- It was hard to find someone to take care of my other children while I went to the appointment.

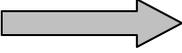
**Paying for the appointment**

- The re-testing was not covered by my baby's health plan.
- The re-testing was too expensive.
- Other: \_\_\_\_\_

13b) Approximately how long was it from the time you or the hospital first tried to make an outpatient re-testing appointment until the time your baby had that appointment?

- Less than one week
- 1 to 2 weeks
- 2 weeks to 1 month
- 1 to 2 months
- More than 2 months

14) How many different times did you take your baby to an outpatient re-testing site before all the testing was completed?

- |  |   |                  |
|--|---|------------------|
| <input type="checkbox"/> One time              |  | <b>GO to 15</b>  |
| <input type="checkbox"/> Two times             |  | <b>GO to 14a</b> |
| <input type="checkbox"/> Three times           |  | <b>GO to 14a</b> |
| <input type="checkbox"/> More than three times |  | <b>GO to 14a</b> |

14a) If it took more than one appointment to complete the re-testing, what was the reason(s)?  
(Please check all that apply)

- My baby was fussy.
- The equipment didn't work right.
- Not enough time was scheduled for the appointment.
- The audiologist or person who tested my baby's hearing was running late.
- I was running late.
- The results were unclear or inconclusive.
- Other: \_\_\_\_\_

15) How were you **first** told about the **results** of your baby's **outpatient hearing re-testing**?  
(Please check one)

- The **staff** at the hospital or office where my baby's hearing was re-tested told me **before** I went home.
- The **staff** at the hospital or office where my baby's hearing was re-tested told me **after** I went home.
- The **doctor** told me **after** I went home from the hospital or office where my baby's hearing was re-tested.
- I got a letter with the results mailed to my home.
- Other: \_\_\_\_\_

16) Please mark the sentence below that best describes how you understood the results of the **outpatient hearing re-testing** your child had.

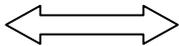
- My baby did not have a hearing loss.
- It was possible, but rather unlikely, that my baby had a hearing loss.
- It was possible that my baby had a hearing loss.
- It was very likely that my baby had a hearing loss.
- My baby had a hearing loss.
- I did not understand the results.

17) When you found out about the **results** of your baby's **outpatient hearing re-testing** how did you feel?

- Not at all anxious or worried
- Somewhat anxious or worried
- Anxious or worried
- Very anxious or worried

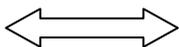
18) Thinking back on when your baby's hearing was **re-tested** as an outpatient, please circle the number that shows how you felt for each statement.

**The people doing the re-testing were experienced with the equipment...**

Definitely yes  Definitely no  
1 2 3 4 5

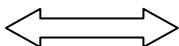
Not sure

**The people doing the re-testing seemed to have lots of experience working with infants...**

Definitely yes  Definitely no  
1 2 3 4 5

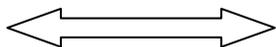
Not sure

**The tests and explanations were done...**

Professionally  Unprofessionally  
1 2 3 4 5

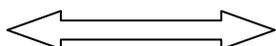
Not sure

**Explanations and answers to your questions were...**

Clear  Confusing  
1 2 3 4 5

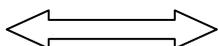
Not sure

**What you were told to do next was...**

Clear  Confusing  
1 2 3 4 5

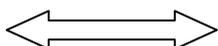
Not sure

**The time from start to finish was...**

About right  Too long  
1 2 3 4 5

Not sure

**Your opinions and suggestions were...**

Listened to  Not listened to  
1 2 3 4 5

Not sure

19) Overall, how satisfied were you with the **people** who provided re-testing services to your baby?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Not very satisfied
- Not at all satisfied

20) Overall, how satisfied were you with the re-testing **services** provided to your baby and family?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Not very satisfied
- Not at all satisfied

21) How often did people at the hospital or office where you received services communicate with you in a language you use at home?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

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22) **After your baby was diagnosed with a hearing loss**, how many times has he or she been to an appointment with an audiologist?

- 0
- 1
- 2-3
- 4-5
- 6 or more



**GO to 24**

23) How satisfied are you with the audiologist's experience working with infants and young children?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Not very satisfied
- Not at all satisfied

23a) How satisfied are you with the care and services your baby's audiologist is providing?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Not very satisfied
- Not at all satisfied



**GO to 25**

24) If your baby has not been to an audiologist since you learned that he or she had a hearing loss, what are the reasons? (Please check all that apply)

- We have an appointment scheduled.
- I have not been able to find an audiologist who works with infants and young babies.
- I have not found an audiologist who accepts my baby's health plan.
- I have not found an audiologist who is close enough to where we live.
- I have not had time to make an appointment.
- My baby's doctor told me that my baby does not need to see an audiologist.
- I don't think my baby needs to see an audiologist.
- Other: \_\_\_\_\_

25) Is your baby in an early intervention program?

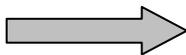
- No
- Yes



**GO to 26**

25a) What are the reason(s) your baby is not getting early intervention services?  
(Please mark all that apply)

- Insurance does not cover early intervention services.
- I was told that my baby was not eligible for early intervention services.  
By whom? \_\_\_\_\_
- I chose not to have my baby participate in early intervention services.
- The doctor told me that my baby did not need early intervention services.
- The audiologist told me that my baby did not need early intervention services.
- No one contacted me after my baby was referred to early intervention.
- I have not been told about early intervention services.
- Other: \_\_\_\_\_



**GO to 28**

26) How satisfied are you with the early intervention program's knowledge of hearing loss and deafness?  
 Very satisfied  
 Satisfied  
 Somewhat satisfied  
 Not very satisfied  
 Not at all satisfied

27) How satisfied are you with your baby's early intervention services?  
 Very satisfied  
 Satisfied  
 Somewhat satisfied  
 Not very satisfied  
 Not at all satisfied

28) This is a chart that will help us understand the information you were given and when you got that information.

TOPIC	1. Please mark an X in the box that describes HOW MUCH information you got.				2. Please mark an X in the box that describes WHEN you got that information.		
	None	Not Enough	Just Right	Too Much	Too Early	Just Right	Too Late
How hearing works							
Degrees of hearing loss							
Causes of hearing loss							
Hearing aids & amplification technologies							
Stages of grief/acceptance							
Speech & language development							
Communication Options:							
-ASL/English as a Second Language							
-Auditory/Oral							
-Auditory/Verbal							
-Cued Speech							
-Signing Exact English							
-Total Communication							
Financial support							
Emotional support							
Other parents to contact							
Where to get services							

- 29) Do you feel that the information you were given about intervention/communication options was equally presented?
- We were given the information and encouraged to make our own decisions. The information was unbiased.
- We were given information and encouraged to make our own decisions but we knew professionals wanted us to choose the one they thought was best. The information was somewhat unbiased.
- We were strongly encouraged to choose the intervention option the professionals working with us thought was best but we still had the option to make a different decision. The information was somewhat biased.
- We were told that there was only one way that was good for our baby. The information was very biased.
- Other: \_\_\_\_\_

- 30) Do any of your baby's family members have a hearing loss that began during childhood?
- Yes  **GO to 30a**
- No  **GO to 31**

- 30a) If yes, which ones?
- Mother       Grandmother       Sister       Aunt       Cousin
- Father       Grandfather       Brother       Uncle       Other: \_\_\_\_\_

- 31) We would like to know about your baby's overall health. Please choose the word that you think best describes your baby's overall health.
- Excellent
- Very Good
- Good
- Fair
- Poor

- 32) Does your baby have any health problems or special needs?
- Yes, please specify: \_\_\_\_\_
- No

33) How are your baby's medical expenses paid?  
 Medicaid  
 Medicaid HMO  
 Private  
 Other HMO  
 Self pay  
 Other: \_\_\_\_\_

34) Looking back at the activities involved in finding out that your child had a hearing loss (tests, doctor visits, etc), did the benefits outweigh the negative (such as extra time for doing tests, concerns you felt, any costs, etc)?  
 Definitely yes, many more benefits than negatives  
 Yes, a few more benefits than negatives  
 No, a few more negatives than benefits  
 Definitely no, many more negatives than benefits

35) Do you agree or disagree with the following statements about newborn hearing screening?

**Agree** **Disagree**

<input type="checkbox"/>	<input type="checkbox"/>	Screening allows parents to do something positive if their baby has a hearing loss.
<input type="checkbox"/>	<input type="checkbox"/>	Screening leads to early diagnosis if the baby has a hearing loss.
<input type="checkbox"/>	<input type="checkbox"/>	Screening leads to early treatment if it is needed.
<input type="checkbox"/>	<input type="checkbox"/>	Screening makes parents worry unnecessarily.
<input type="checkbox"/>	<input type="checkbox"/>	Screening takes too much effort.
<input type="checkbox"/>	<input type="checkbox"/>	Screening wakes or upsets the baby.

36) If you had another baby would you want him or her to have his or her hearing screened?

Yes  
 No

37) Please list any suggestions you have for improving the newborn hearing screening, re-testing, and intervention process.

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**Thank you for your help with this survey. Your responses will be used to help improve the hearing screening process for all families**